

# HURLBURT DIVE CLUB - MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LAST FIRST MI

To: HDC Advisory Council

I am applying for membership in the HDC. If accepted, I will abide by the HDC Operating Instructions, and acknowledge that failure to do so may result in the termination of my membership. I understand there is an initiation fee, and membership dues are to be paid yearly. Should I decide to voluntarily terminate my membership, I will notify the HDC in writing by signing and dating the termination statement on the reverse of this form.

The HDC is a NAF operating under AFR 176-1, 176010, 215-13, and various Operating Instructions approved by the Chief, NAF, Hurlburt Field, Florida.

I certify I am eligible for membership under one of the following categories (circle one): **Active duty military, Military Reserve/Guard, Dependent of Active military sponsor, retired military, DoD employee, Dependent of widow/widower, or DoD contractor** authorized to use NAF facilities. I certify that the information provided on this application, and other forms is true and correct to the best of my knowledge. I acknowledge that SCUBA diving is a dangerous sport, and agree that participation in the club's programs and activities is voluntary and agree not to hold liable the HDC, its officers, or agents in case of an accident or injury while participating in club sanctioned activities or while using club equipment.

Rank: _____	Status: (AD, Civ., Ret., Etc.) _____
SSAN: ____-____-____	Age: _____ DOB: ____/____/____ (mm/dd/yy)
Duty Station and Unit: _____	
Home Address: _____	
City: _____ State: _____ Zip: _____-_____	
Email Address: _____	
Home Phone: (____)____-_____ Work Phone: (____)____-_____ ext. _____	
Cert. Agency & #: _____	
Cert. Level: (OW, Adv, Master, Inst, etc.) _____ Cert. Date: _____	
Misc. Quals.: _____	
_____	
Type Membership (circle one)	Single / Family Physical Date: _____ Locally
Certified: Y / N	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Officer/Rep: \_\_\_\_\_ Date: \_\_\_\_\_

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I am aware that SCUBA diving is a stressful sport, and I should stay in good physical condition. It is my responsibility to ensure that I and any of my family members that SCUBA dive are in good health and physically fit for this stressful sport.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Primary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Other Information (i.e., allergies, medications, or medical condition(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Hospital or Care Practitioner: \_\_\_\_\_

## TERMINATION STATEMENT

I hereby resign my membership in the Hurlburt Dive Club. All equipment has been returned and any outstanding fees/dues have been paid. My reason for resigning is \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_